



## COMPREHENSIVE SCHOOL-BASED TOBACCO USE PREVENTION GRANT APPLICATION

**2017**

### TABLE OF CONTENTS

I. Background .....	2
II. Eligible Grantees.....	2
III. Award Amounts and Duration .....	2
IV. Requirements .....	3
V. Allowable Uses of Funds.....	3
VI. Due Date .....	3
VII. Timeline .....	3
VIII. Applicant Workshop and Technical Assistance .....	4
IX. Alignment with Education Quality Standards and the National Health Education Standards as Adopted by the Vermont Board of Education.....	4
X. Application and Submission Process .....	4
XI. Grant Award Decisions and Disposition of Applications .....	5
XII. Selection Process .....	5
XIII. Other Requirements .....	7
XIV. Note Regarding Plagiarism.....	7
XV. Ranking of Applicants.....	8

### Appendices

A. Application Form located on Grantium.....	9
B. Scoring Descriptions for Review Panel .....	13
C. Comprehensive School-Based Alcohol, Tobacco and Other Drug (ATOD) Prevention.....	16
D. CDC Training Tools for Healthy Schools: Promoting Health and Academic Success.....	18

**COMPREHENSIVE SCHOOL-BASED TOBACCO USE PREVENTION  
GRANT APPLICATION**

**2017**

## **I. Background**

**Tobacco remains the single most significant cause of preventable mortality and morbidity in the United States today.**

According to the American Lung Association, approximately 90% of adult smokers began using tobacco before their 18<sup>th</sup> birthday,(U.S. Department of Health and Human Services. Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General. Atlanta, 2012)

Due to previous efforts in our schools and in the community at-large, a significant reduction in youth smoking has been achieved through programming efforts directly funded from the Master Tobacco Settlement for single strategy implementation. However, there exist disparities in youth smoking rates across Supervisory Unions/School Districts in Vermont, as indicated by the 2013 Youth Risk Behavior Survey (YRBS) data.

Mindful of these disparities, this grant making will employ targeted funding through a competitive process to achieve the following two goals (or Overarching SMART Outcome Objectives) in awarded Supervisory Unions.

**By June 2020, reduce youth cigarette smoking use behavior by 5% compared to their baseline YRBS rate and**

**By June 2020, reduce youth electronic vapor product use by 5% compared to their baseline YRBS rate**

[since early indications are that these unregulated nicotine delivery systems provide a pathway for increasing youth smoking rates thus potentially undoing both the investment and progress our state has made over decades. Furthermore, these devices are also known to be used to deliver hash oil, other marijuana concentrates and other substances.]

## **II. Eligible Grantees**

**The Vermont Agency of Education (AOE) invites all Supervisory Unions or School Districts currently providing Youth Risk Behavior Survey (YRBS) data to apply for a Comprehensive School-Based Tobacco Use Prevention Grant for the purpose of providing a multi-strategy approach to preventing tobacco use across their local educational agency (LEA).**

## **III. Award Amounts and Duration**

Each applicant will be ranked to qualify for \$30,000 a year for each of four years, beginning July 1, 2016. This is a competitive process based upon available AOE funding as allocated by the State of Vermont annually and grantee maintaining compliance with grant requirements and expectations.

#### **IV. Requirements**

All applicants must utilize the Grantium system for submission of grant application including budget and receipt of programmatic and financial data if grant award is provided.

#### **V. Allowable Uses of Funds**

Funds awarded through this grant must be used to directly support efforts to complete the Applicant's proposed Work Plan. Please note that indirect charges (e.g., overhead costs, business office fees, etc.) cannot be included in the budget as only direct costs are allowable in state grants.

The budget must provide a clear understanding of how grant funds will be used to meet the proposed Work Plan flowing from the pre-established objectives.

##### **Budget Worksheet for Year One (Only)**

Provided here for planning purposes only. This information will need to be entered on the Program Activities and Budget page in your Grant Application done in Grantium.

<u>Categories</u>	<u>Description of Expense</u>	<u>Cost</u>
Salaries		
Benefits		
Prof & Tech Services		
Travel		
Curricula/Resources		
Materials & Supplies		
OPEB Contribution		
		\$30,000 TOTAL

In preparing the application, applicants should be mindful that AOE strongly recommends that documentation of this process be maintained for auditing purposes.

#### **VI. Due Date**

Due on Friday, April 29, 2016 by 4 PM via Grantium

#### **VII. Timeline**

Grant application released	January 6, 2016
Applicant Workshop which includes Grant Writing Session	March 16, 2016
Application due date	April 29, 2016
Awards announced by	June 1, 2016
Awards begin	July 1, 2016

## **VIII. Applicant Workshop and Technical Assistance**

An Applicant workshop will be held on the date and location listed below. A Grant Writing Workshop will precede a Bidder's Conference to provide valuable information to guide SU/SDs in completing the application in Grantium by the April 29, 2016 deadline.

Wednesday, March 16, 2016 10 AM - 3:30 PM. Lake Morey Resort, Fairlee, VT  
SNOW DATE: Friday, March 18, 2016 10 AM – 3:30 PM. Lake Morey Resort, Fairlee, VT

Bringing a team to the workshop is essential for success. Confirm your team members' attendance by e-mailing names, affiliations and contact information to [Robert.Uerz@vermont.gov](mailto:Robert.Uerz@vermont.gov) at least one week prior to the meeting. Contact Robert Uerz (802) 479-1437 to schedule an appointment or to discuss any questions about this document or the competition.

## **IX: Alignment with Education Quality Standards and the National Health Education Standards**

Funds for programs are expected to align and support Vermont's [Education Quality Standards \(EQS\)](#). EQS includes Proficiency-Based Graduation Requirements (PBGRs) that are a locally-delineated set of content knowledge and skills connected to state standards adopted by the State Board of Education that, when supplemented with any additional locally-developed requirements, have been determined to qualify a student for earning a high school diploma. Also in accordance with EQS, funded programs are expected to offer Flexible Pathways for Learning and Personal Learning Plans (PLP).

<http://education.vermont.gov/flexible-pathways>

Comprehensive, classroom-based health education curriculum, taught by a licensed [elementary](#) health educator, or [middle and high school](#) health educator ([EQS. 2121.2](#)), should focus on skill development for preventing the use of harmful substances. This approach may address all forms of drug abuse, including the underage use of legal drugs; the use of illegal drugs, and the inappropriate abuse of legally obtained substances (i.e. inhalants, prescription medications, or over the counter drugs).

Comprehensive K-12 health education must be based on the [National Health Education Standards](#), adopted by the Vermont State Board of Education. Curricula should also be aligned with the [CDC's Characteristics of Effective Health Education Curriculum](#). [16 V.S.A. § 131](#) defines "comprehensive health education" as a systematic and extensive elementary and secondary educational program designed to provide a variety of learning experiences based upon knowledge of the human organism as it functions within its environment. The term includes the study of eleven content areas including "(9) Drugs including education about alcohol, caffeine, nicotine and prescribed drugs."

## **X: Application and Submission Process**

The application can be found in Appendix A. The application form must be a self-populated by the applicant and the applicant must submit the package via Grantium (and arrive at the Agency of Education by 4 PM on Friday, April 29, 2016).

The application employs weighted criteria in a three-tier scoring system will be employed to rank all applications for funding.

These criteria include:

Tier 1 - Youth smoking rate in the respective SU/SD based upon most recent YRBS data

Tier 2A - Robust but Achievable Year One Work Plan tied to Six (6) Pre-Established SMART Process Objectives and Two (2) Pre-Established SMART Outcome Objectives

Tier 2B - Infrastructure in Place to Achieve Success

Tier 3A - Adult smoking rate in counties served by the respective SU/SD based upon the 2014 Behavior Risk Factor Surveillance System (BRFSS) data

Tier 3B - Poverty rate utilizing Free and Reduced Lunch data across the SU/SD

#### DECISION ANALYSIS UTILIZING WEIGHTED CRITERIA TO CALCULATE RANK

<u>THREE-TIER CRITERIA</u>	<u>SCORE</u>	<u>X</u>	<u>WEIGHT</u>	<u>=</u>	<u>VALUE</u>
1A – Maximum Score: 24% as 24 Points	_____		.50		_____
2A – Maximum Score: 50 Points*	_____		.20		_____
2B – Maximum Score: 50 Points**	_____		.20		_____
3A – Max Score: 100% as 100 Points	_____		.05		_____
3B – Max Score: 30% as 30 Points	_____		.05		_____
			1.00		
Total of five values listed on the far right = TOTAL VALUE					_____
Utilized to Determine Overall Ranking					

### **XI. Grant Award Decisions and Disposition of Applications**

The AOE reserves the right to award in part, to reject any and all applications in whole or in part, and to waive technical defects, irregularities or omissions if, in its judgment, the best interest of the students would be served. After receiving the grant application, the AOE reserves the right not to award all grants, to negotiate specific grant amounts, and to select certain grantees regardless of points awarded as part of the evaluation process to meet federal requirements or State Board of Education priorities. In addition, the AOE reserves the right to change the dollar amount of grant awards.

Grantees will be required to e-sign a grant agreement with the Vermont Agency of Education using the *Grantium* system.

### **XII. Selection Process**

All applicants must employ the 2017 AOE Comprehensive School-Based Tobacco Use Prevention Grant Application Form in Grantium. DO NOT include any letters of support. DO NOT exceed the page count. Failure to follow these directions could result in an application being rejected.

All applications meeting the stated eligibility criteria will be read, scored and ranked for funding by a review panel having expertise in school-based tobacco use prevention.

**The following six (6) pre-established SMART Process Objectives must be employed by the applicant in constructing their proposed Year-One Annual Work Plan.**

**1. ASSESSMENT Process Objective:**

By July 1, 2017, (specific SU/SD) will develop across the SU/SD a Pre-K – 12 scope and sequence to revise/develop their tobacco use prevention curriculum through the use of the Tobacco Use Prevention (T) Module of the CDC's Health Education Curriculum Analysis Tool (HECAT)  
<http://www.cdc.gov/healthyyouth/hecat/index.htm>

With year two through year four, corresponding skill standards be adopted & implemented across the SU/SD.

*The resulting scope & sequence must align with the National Health Education Standards as adopted by the Vermont State Board of Education in May 2015*

**2. POLICY Process Objective:**

By July 1, 2017, (specific SU/DS) will employ the use of either the self-assessment process or the planning for improvement process from the CDC School Health Index  
(<http://www.cdc.gov/healthyschools/shi/index.htm>) to guide SU/SD health and safety policy

With year two through year four, implement resulting policy initiatives across the SU/SD.

*Improving student health and safety can: 1.) increase student's capacity to learn, 2.) reduce absenteeism, 3.) improve physical fitness and mental alertness.*

*The SHI enable SU/SDs to: 1.) identify strengths and weaknesses in their health and safety policies and programs, 2.) develop action plans for improving student health, which can be incorporated into the School Improvement Plan, 3.) Engage teachers, parents, students, and the community in promoting health-enhancing behaviors.*

**3. CURRICULUM Process Objective:**

By July 1, 2017, (specific SU/SD) will begin implementation of an evidence-based ATOD curriculum guided by the California Healthy Kids Resource Center's Online Tool  
(<http://www.californiahealthykids.org/sciencebased>) at the following grade levels: . Grades Pre-K through 2, Grades 3-5, Grades 6-8, and Grades 9-12 across the SU/SD.

With year two through year four, full implementation of grades K-12.

**4. YOUTH ASSET DEVELOPMENT Process Objective:**

In each year of the grant, (specific SU/SD) will implement appropriate youth asset development intervention consistent with research by the Search Institute which may include the implementation of

Getting to Y: A Youth Risk Behavior Survey Student Analysis at both the Middle School and High School levels across the SU/SD.

#### **5. TEEN USE CESSATION Process Objective:**

In each year of the grant, (specific SU/SD) will implement at the high school level an evidence-based teen use cessation intervention (presently either the Not-on-Tobacco or TAP/TEG programs) to provide students with a voluntary path to quit across the SU/SD.

#### **6. COMMUNITY ENGAGEMENT Process Objective:**

In each year of the grant, (specific SU/SD) will host OVX (High School) and VKAT (Middle School) Chapters on campus to guide community engagement and promote student advocacy beyond the walls of the school and to the greater community across the SU/SD.

*This process objective reflects a specific programmatic collaboration between the Vermont Department of Health and the Agency of Education to strengthen community and school partnerships.*

### **XIII Other Requirements**

Each year, grantees are required to submit twice-annual progress reports which will describe progress in implementing grantee work plans and achieving both process and outcome objectives. Furthermore, an annual site visit will take place to discuss challenges and to bring together partners to focus attention on celebrating successes and addressing challenges.

**A funded applicant must commit to:**

- (1) Participating in any evaluation activities conducted by the AOE and the U.S. Department of Education. This may include interviews of staff, parents, students and educators; completing and returning evaluation documents.**
- (2) Sending a representative team to AOE Technical Assistance Trainings and grantee meetings as required; not to exceed five days per year.**
- (3) Applicants may be asked to clarify certain aspects of their applications. Finalists may be asked to participate in subsequent activity such as an oral interview or to receive an onsite visit to clarify application information. Applicants will be contacted if such information is necessary.**

### **XIV. Note regarding plagiarism**

If a discovery of plagiarism is made known or brought to the attention of officials at the AOE during a grant competition, then at the discretion of the AOE, the AOE has the right to remove the grant application for funding consideration because of the occurrence of cause.

## **XV. Ranking of Applicants**

The AOE will assemble a review group to score and rank each qualified application during the period of May 1, 2016 through May 31, 2016 for a formal announcement on June 1, 2016 with funding to begin July 1, 2016 (See Scoring Descriptions for Review Panel located in Appendix B).



## Appendix A

**2017 Comprehensive School-Based Tobacco Use Prevention Grant  
APPLICATION FORM located on GRANTIUM**  
**This section will help you collect the information needed to enter  
the required date in the Grant Application located in GRATIUM**

APPLICANT: \_\_\_\_\_

(Supervisory Union or School District)

CONTACT

PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP \_\_\_\_\_

E-Mail \_\_\_\_\_ Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

**NOTE: The information above will need to be entered in the Contact Information page in the Grant Application**

**A Complete Application Must Arrive via Grantium by 4 pm on Friday, April 29, 2016**

**Self-Scoring to address 1A –YOUTH SMOKING RATE IN THE RESPECTIVE SU/SD based upon the most recent YRBS data**

           % **MAXIMUM TOTAL: 24 Points directly translating percentage into whole number for use in scoring**

**NOTE: The information above will need to be entered in question 1 on the Needs Assessment page in the Grant Application in Grantium**



**Applicant Submission to address 2A – ROBUST BUT ACHIEVABLE YEAR ONR WORK PLAN tied to Six (6) Pre-Established SMART Process Objectives and Two (2) SMART Outcome Objectives.**

**MAXIMUM TOTAL: 50 Points**

**REQUIRES APPLICANT TO CREATE A WORK PLAN WHICH ADDRESSES EACH OF SIX STRATEGIES.** APPLICATIONS NOT ADDRESSING EACH OF THE SIX WILL NOT BE SCORED AND NOT RANKED FOR FUNDING.

Quality of Assessment Strategy Score:	Maximum 8 Points
Quality of Policy Strategy Score:	Maximum 8 Points
Quality of Curriculum Strategy Score:	Maximum 8 Points
Quality of Youth Asset Development Strategy Score:	Maximum 8 Points
Quality of Teen Use Cessation Strategy Score:	Maximum 8 Points
Quality of Community Engagement Strategy Score:	Maximum 8 Points

Achievability Score

Maximum 2 Points

\_\_\_\_\_  
TOTAL Maximum 50 Points

### YEAR-ONE WORK PLAN SUBMISSION FORM

<add text to a maximum length of 3 pages>

➤ Assessment Strategy :

➤ Policy Strategy:

➤ Curriculum Strategy:

➤ Youth Asset Development Strategy:

➤ Teen Use Cessation Strategy:

➤ Community Engagement Strategy:

**NOTE: The information above will need to be entered in the Program Objectives page in the Grant Application in Grantium**

Applicant Submission to address 2B – INFRASTRUCTURE IN PLACE TO ACHIEVE SUCCESS.

**MAXIMUM TOTAL: 50 Points**

REQUIRES APPLICANT TO IDENTIFY INDIVIDUALS IN THE SU/SD CHARGED WITH KEY ROLES TO ENSURE SUCCESSFUL IMPLEMENTATION OF THE AFORE LISTED WORK PLAN. APPICANTS MUST IDENTIFY BOTH A GRANT COORDINATOR (WHO MUST BE A SU/SD EMPLOYEE) AND AN ASSISTANT COORDINATOR (WHO DOES NOT NEED TO BE A SU/SD EMPLOYEE).

Leadership and Grant Management Personnel:

NAME OF TOBACCO USE PREVENTION GRANT COORDINATOR:

Title

E-Mail Address

NAME OF TOBACCO USE PREVENTION ASST GRANT COORDINATOR:

Title at SU/SD or Affiliated Organization

E-Mail Address

**NOTE: The information above will need to be entered in the list on the bottom of the Contact Information page in the Grant Application in Grantium**



RATIO of Student: Licensed Health Educator in the SU/SD:  :   
**MAXIMUM 15 POINTS**

**NOTE: The information above will need to be entered in question 2 on the Needs Assessment page in the Grant Application in Grantium**

Existing SU/SD-Wide Whole School, Whole Community, Whole Child Team/Coordinated School Health Committee/School Health Advisory Council (SHAC)/School Wellness Team: **MAXIMUM 30 POINTS**

Chair (Name)  Role

Members (Name)

<input type="text"/>	Role	<input type="text"/>
<input type="text"/>	Role	<input type="text"/>
<input type="text"/>	Role	<input type="text"/>
<input type="text"/>	Role	<input type="text"/>
<input type="text"/>	Role	<input type="text"/>
<input type="text"/>	Role	<input type="text"/>

**NOTE: The information above will need to be entered in question 1 on the Management Plan page in the Grant Application in Grantium**

Name of SU/SD-wide School Health Coordinator: **MAXIMUM 5 POINTS**

E-Mail Address

**NOTE: The information above will need to be entered in question 2 on the Management Plan page in the Grant Application in Grantium**



Self-Scoring to address 3A – ADULT SMOKING RATE IN COUNTIES SERVED BY THE RESPECTIVE SU/SD based upon the 2014 Behavior Risk Factor Surveillance System (BRFSS) data.

                   % **MAXIMUM TOTAL: 30 Points directly translating percentage into whole number for use in scoring**

Counties served by the Applicant (SU/SD's geographic boundaries)

                   % County Adult Smoking Rates

                   % County Adult Smoking Rates - if necessary utilize simple average

                   % County Adult Smoking Rates - if necessary utilize simple average

**NOTE: The information above will need to be entered in question 3 on the Needs Assessment page in the Grant Application in Grantium**



Self-Scoring to address 3B – POVERTY RATE utilizing the SU/SD-wide Free and Reduced Lunch data.

                   % **MAXIMUM TOTAL: 100 Points directly translating percentage into whole number for use in scoring**

**NOTE: The information above will need to be entered in question 4 on the Needs Assessment page in the Grant Application in Grantium**

## Appendix B

**NOT FOR COMPLETION BY APPLICANT BUT PROVIDED FOR TRANSPARENCY**

### **2017 Comprehensive School-Based Tobacco Use Prevention Grant SCORE DESCRIPTIONS FOR REVIEW PANEL**

Purpose:

The purpose of the score descriptions is to provide all reviewers a standardized score for each of five scoring criteria for a final score used in ranking each application.

Directions:

Use the table below to guide your scoring for each particular section.

---

#### **Tier 1A Criteria:**

**Youth smoking rate in the respective SU/SD based upon most recent YRBS data**

Youth smoking rate translated from a percentage into a whole number

           (whole number score) X .50 (weight) =            (value)

Tier 2A Criteria:

**Robust but achievable Year One Work Plan tied to Six (6) Pre-Established SMART Process Objectives and Two (2) Pre-Established SMART Outcome Objectives.**

Quality of Assessment Strategy Score:

Outstanding	8	Good	6	Satisfactory	4	Marginal	2
Unacceptable/Not Included	0						

.20 (weight) =            (value)

Quality of Policy Strategy Score:

Outstanding	8	Good	6	Satisfactory	4	Marginal	2
Unacceptable/Not Included	0						

.20(weight) =            (value)

Quality of Curriculum Strategy Score:

Outstanding	8	Good	6	Satisfactory	4	Marginal	2
Unacceptable/Not Included	0						

.20(weight) =            (value)

Youth Asset Development Strategy Score:

Outstanding	8	Good	6	Satisfactory	4	Marginal	2
Unacceptable/Not Included	0	.20(weight) =				<u>          </u>	(value)

Teen Use Cessation Strategy Score:

Outstanding	8	Good	6	Satisfactory	4	Marginal	2
Unacceptable/Not Included	0	.20(weight) =				<u>          </u>	(value)

Community Engagement Strategy Score:

Outstanding	8	Good	6	Satisfactory	4	Marginal	2
Unacceptable/Not Included	0	.20(weight) =				<u>          </u>	(value)

Achievability Score:

Yes	2	No	0	.20(weight) =		<u>          </u>	(value)
-----	---	----	---	---------------	--	-------------------	---------

**Tier 2B Criteria:**

**Infrastructure in Place to Achieve Success**

Ratio of Students: Licensed Health Educator in the SU/SD

\_\_\_\_\_: \_\_\_\_\_ (Total # students: Number of Licensed HE (FTE))

High Rate Score 15   Moderate Rate Score 10   Low rate score 5

X .20(weight)=           (value)

Existing SU/SD-Wide Coordinated School Health Committee

Chair (Name) \_\_\_\_\_ Role \_\_\_\_\_

Members (Name) \_\_\_\_\_ Role \_\_\_\_\_

\_\_\_\_\_ Role \_\_\_\_\_

\_\_\_\_\_ Role \_\_\_\_\_

\_\_\_\_\_ Role \_\_\_\_\_

\_\_\_\_\_ Role \_\_\_\_\_

#### Comprehensiveness of Membership Score

Outstanding 30      Good 20      Satisfactory 10      Non-Existent 0

X .20(weight) = \_\_\_\_\_ (value)

#### Name of SU/SD-wide School Health Coordinator

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Existing 5      Non-Existent 0

X .20(weight) = \_\_\_\_\_ (value)

#### Tier 3A Criteria

##### **Adult Smoking Rate in Counties served by the respective SU/SD based upon the 2014 Behavior Risk Factor Surveillance System (BRFSS) data**

Adult smoking rate translated from a percentage into a whole number

\_\_\_\_\_ (whole number score) X .05 (weight) = \_\_\_\_\_ (value)

#### Tier 3B Criteria

##### **Poverty Rate utilizing the SU/SD-wide Free and Reduced Lunch data**

Poverty rate translated from a percentage into a whole number

\_\_\_\_\_ (whole number score) X .05 (weight) = \_\_\_\_\_ (value)

TOTAL VALUE

\_\_\_\_\_

## Appendix C

### Comprehensive School-Based Alcohol, Tobacco and Other Drug (ATOD) Prevention

Substance use among youth is influenced at the individual, peer, family, school, community, and societal levels. School communities increase the likelihood of positive outcomes when multiple levels of influence are addressed using evidence-based prevention programs and practices. To promote a safe and healthy school environment, substance abuse prevention and early intervention work best when they are robust and integrated into the school's whole approach (e.g., [Whole School, Whole Community, Whole Child Model](#)). Recommendations for school-based substance abuse prevention include the following elements:

#### Safe and Healthy School Environment

A safe and healthy school environment that supports student connection to school promotes healthy relationships, academic success and buffers against negative effect of unhealthy risk behaviors, such as early alcohol and drug use. A Multi-Tiered System of Supports (MTSS) framework can be applied to effectively promote healthy behaviors for all students.

#### Health and Early Intervention Services

Availability of early intervention services is recommended for all students in the school. Such services include: screening, referral for assessment when indicated, educational support groups, family outreach, direct health services, and emergency response protocols.

#### School Policy

[16 VSA §1165](#), concerning school policy, requires each school district to adopt policies for the education, discipline and referral for rehabilitation of students who are involved with alcohol or drug abuse on school property or at school functions. Included in these policies are recommended procedures for education; referral for treatment, counseling and rehabilitation; and standards consistent with due process of law for discipline, suspension or dismissal of students. School policies should be regularly communicated to staff, parents and students.

#### Parent Outreach and Community Engagement

Parent outreach includes engaging parents and providing information on the school's programs, substance abuse policy, family education resources, health services, and referral system. Early substance use and abuse is more likely to decrease when parents, schools, and other community organizations work together and plan mutually supportive strategies to promote youth involvement in the community and discourage substance abuse. It is recommended that schools partner with local prevention coalitions to support these efforts.

#### Classroom-based Health Education

Comprehensive, classroom-based health education curriculum, taught by a licensed [elementary](#) health educator, or [middle and high school](#) health educator ([EQS, 2121.2](#)), should focus on skill development for preventing the use of harmful substances. This approach may address all forms of drug abuse, including the underage use of legal drugs; the use of illegal drugs, and the inappropriate abuse of legally obtained substances (i.e. inhalants, prescription medications, or over the counter drugs).

Comprehensive K-12 health education must be based on the [National Health Education Standards](#), adopted by the Vermont State Board of Education. Curricula should also be aligned with the [CDC's Characteristics of Effective Health Education Curriculum](#). [16 V.S.A. § 131](#) defines "comprehensive health education" as a systematic and extensive elementary and secondary educational program designed to



provide a variety of learning experiences based upon knowledge of the human organism as it functions within its environment. The term includes the study of eleven content areas including “(9) Drugs including education about alcohol, caffeine, nicotine and prescribed drugs.”

For more information, visit: [education.vermont.gov](http://education.vermont.gov) or [healthvermont.gov](http://healthvermont.gov).

## **Appendix D**

### **CDC Training Tools for Healthy Schools: Promoting Health and Academic Success**

Below is a listing of particular CDC Tools and Training Components which are directly applicable to a number of specific strategies required through this grant.:

#### **NATIONAL HEALTH EDUCATION STANDARDS**

<http://www.cdc.gov/healthyschools/sher/standards/index.htm>

#### **CHARACTERISTICS OF AN EFFECTIVE HEALTH EDUCATION CURRICULUM**

<http://www.cdc.gov/healthyschools/sher/characteristics/index.htm>

#### **HEALTH EDUCATION CURRICUM ANALYSIS TOOL (HECAT)**

<http://www.cdc.gov/healthyyouth/hecat/index.htm>

#### **SCHOOL HEALTH INDEX**

<http://www.cdc.gov/healthyschools/shi/index.htm>